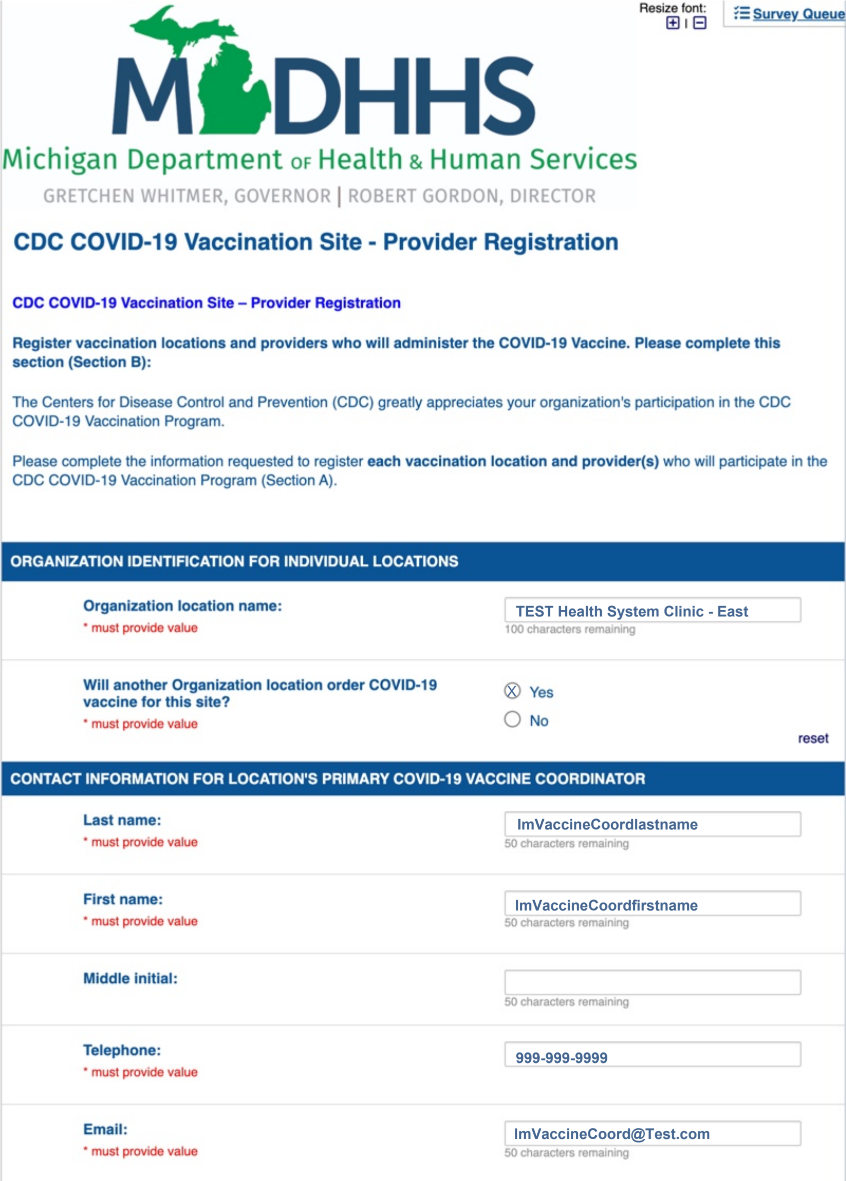


Michigan Department of Health & Human Services

GRETCHEN WHITMER, GOVERNOR | ROBERT GORDON, DIRECTOR

# CDC COVID-19 Vaccination Site - Provider Registration

**CDC COVID-19 Vaccination Site – Provider Registration**

**Register vaccination locations and providers who will administer the COVID-19 Vaccine. Please complete this section (Section B):**

The Centers for Disease Control and Prevention (CDC) greatly appreciates your organization's participation in the CDC COVID-19 Vaccination Program.

Please complete the information requested to register **each vaccination location and provider(s)** who will participate in the CDC COVID-19 Vaccination Program (Section A).

## ORGANIZATION IDENTIFICATION FOR INDIVIDUAL LOCATIONS

**Organization location name:**
* must provide value
TEST Health System Clinic - East
100 characters remaining

**Will another Organization location order COVID-19 vaccine for this site?**
* must provide value
☒ Yes
○ No

## CONTACT INFORMATION FOR LOCATION'S PRIMARY COVID-19 VACCINE COORDINATOR

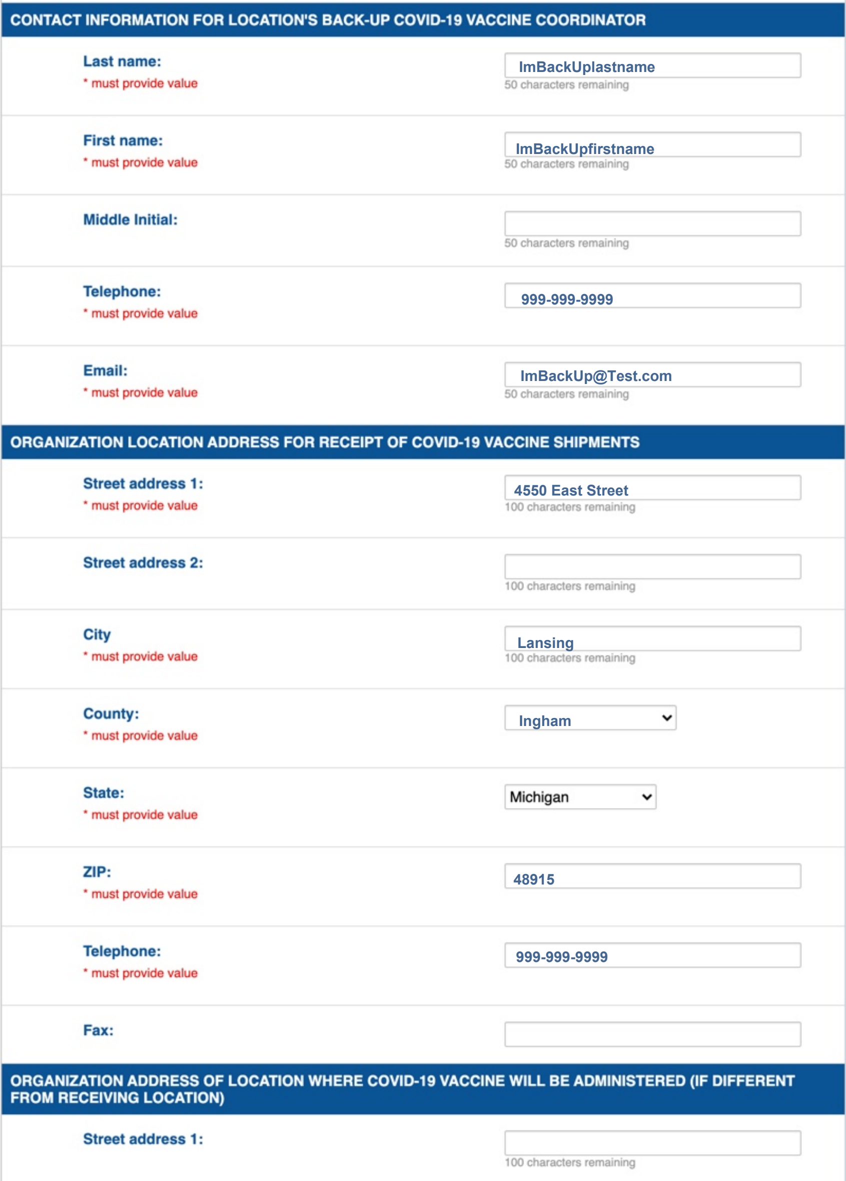
**Last name:**
* must provide value
ImVaccineCoordlastname
50 characters remaining

**First name:**
* must provide value
ImVaccineCoordfirstname
50 characters remaining

**Middle initial:**
50 characters remaining

**Telephone:**
* must provide value
999-999-9999

**Email:**
* must provide value
ImVaccineCoord@Test.com
50 characters remaining



## CONTACT INFORMATION FOR LOCATION'S BACK-UP COVID-19 VACCINE COORDINATOR

**Last name:** ImBackUplastname
* must provide value
50 characters remaining

**First name:** ImBackUpfirstname
* must provide value
50 characters remaining

**Middle Initial:**
50 characters remaining

**Telephone:** 999-999-9999
* must provide value

**Email:** ImBackUp@Test.com
* must provide value
50 characters remaining

## ORGANIZATION LOCATION ADDRESS FOR RECEIPT OF COVID-19 VACCINE SHIPMENTS

**Street address 1:** 4550 East Street
* must provide value
100 characters remaining

**Street address 2:**
100 characters remaining

**City** Lansing
* must provide value
100 characters remaining

**County:** Ingham
* must provide value

**State:** Michigan
* must provide value

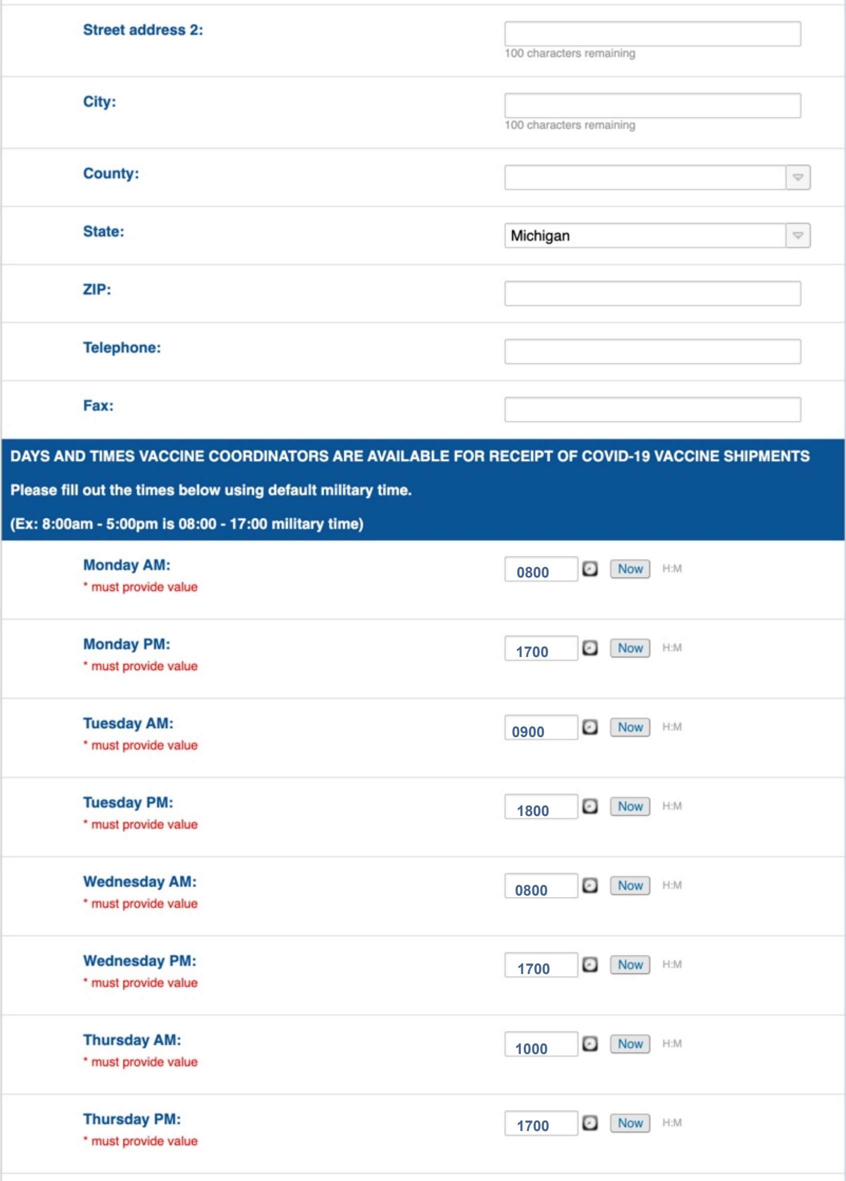
**ZIP:** 48915
* must provide value

**Telephone:** 999-999-9999
* must provide value

**Fax:**

## ORGANIZATION ADDRESS OF LOCATION WHERE COVID-19 VACCINE WILL BE ADMINISTERED (IF DIFFERENT FROM RECEIVING LOCATION)

**Street address 1:**
100 characters remaining



**Street address 2:**
100 characters remaining

**City:**
100 characters remaining

**County:**

**State:** Michigan

**ZIP:**

**Telephone:**

**Fax:**

## DAYS AND TIMES VACCINE COORDINATORS ARE AVAILABLE FOR RECEIPT OF COVID-19 VACCINE SHIPMENTS

**Please fill out the times below using default military time.**

**(Ex: 8:00am - 5:00pm is 08:00 - 17:00 military time)**

**Monday AM:** 0800
* must provide value

**Monday PM:** 1700
* must provide value

**Tuesday AM:** 0900
* must provide value

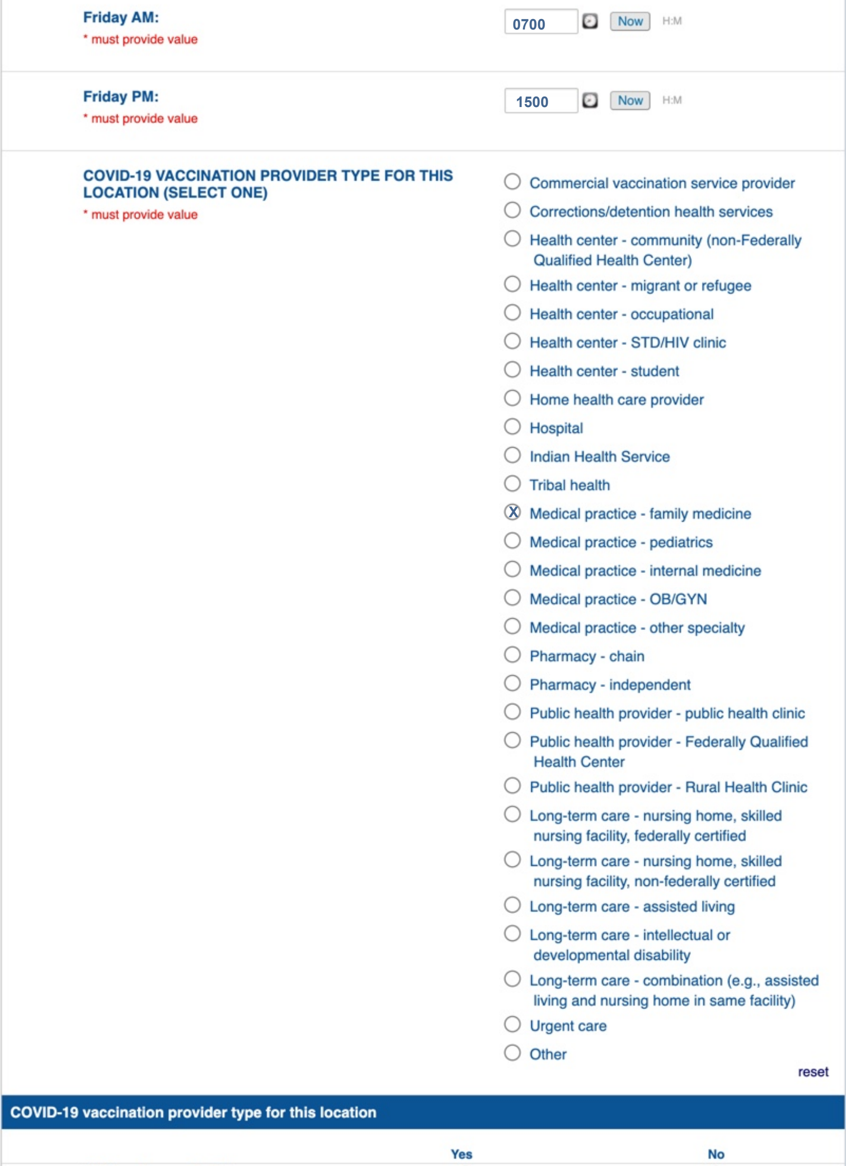
**Tuesday PM:** 1800
* must provide value

**Wednesday AM:** 0800
* must provide value

**Wednesday PM:** 1700
* must provide value

**Thursday AM:** 1000
* must provide value

**Thursday PM:** 1700
* must provide value



**Friday AM:**
* must provide value

0700 H:M

**Friday PM:**
* must provide value

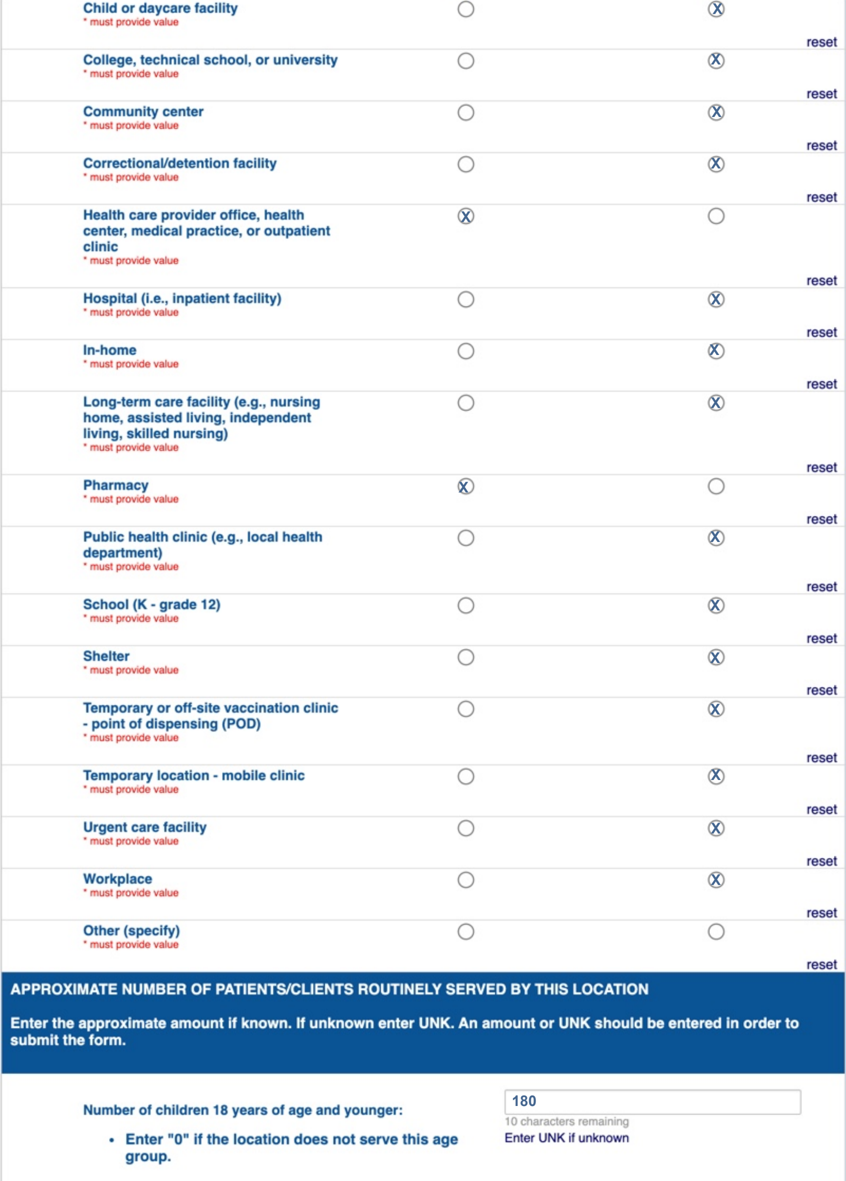
1500 H:M

**COVID-19 VACCINATION PROVIDER TYPE FOR THIS LOCATION (SELECT ONE)**
* must provide value

- ○ Commercial vaccination service provider
- ○ Corrections/detention health services
- ○ Health center - community (non-Federally Qualified Health Center)
- ○ Health center - migrant or refugee
- ○ Health center - occupational
- ○ Health center - STD/HIV clinic
- ○ Health center - student
- ○ Home health care provider
- ○ Hospital
- ○ Indian Health Service
- ○ Tribal health
- ☒ Medical practice - family medicine
- ○ Medical practice - pediatrics
- ○ Medical practice - internal medicine
- ○ Medical practice - OB/GYN
- ○ Medical practice - other specialty
- ○ Pharmacy - chain
- ○ Pharmacy - independent
- ○ Public health provider - public health clinic
- ○ Public health provider - Federally Qualified Health Center
- ○ Public health provider - Rural Health Clinic
- ○ Long-term care - nursing home, skilled nursing facility, federally certified
- ○ Long-term care - nursing home, skilled nursing facility, non-federally certified
- ○ Long-term care - assisted living
- ○ Long-term care - intellectual or developmental disability
- ○ Long-term care - combination (e.g., assisted living and nursing home in same facility)
- ○ Urgent care
- ○ Other

**COVID-19 vaccination provider type for this location**

| | Yes | No |
|---|---|---|



| | | | |
|---|---|---|---|
| **Child or daycare facility**<br>* must provide value | ○ | ☒ | reset |
| **College, technical school, or university**<br>* must provide value | ○ | ☒ | reset |
| **Community center**<br>* must provide value | ○ | ☒ | reset |
| **Correctional/detention facility**<br>* must provide value | ○ | ☒ | reset |
| **Health care provider office, health center, medical practice, or outpatient clinic**<br>* must provide value | ☒ | ○ | reset |
| **Hospital (i.e., inpatient facility)**<br>* must provide value | ○ | ☒ | reset |
| **In-home**<br>* must provide value | ○ | ☒ | reset |
| **Long-term care facility (e.g., nursing home, assisted living, independent living, skilled nursing)**<br>* must provide value | ○ | ☒ | reset |
| **Pharmacy**<br>* must provide value | ☒ | ○ | reset |
| **Public health clinic (e.g., local health department)**<br>* must provide value | ○ | ☒ | reset |
| **School (K - grade 12)**<br>* must provide value | ○ | ☒ | reset |
| **Shelter**<br>* must provide value | ○ | ☒ | reset |
| **Temporary or off-site vaccination clinic - point of dispensing (POD)**<br>* must provide value | ○ | ☒ | reset |
| **Temporary location - mobile clinic**<br>* must provide value | ○ | ☒ | reset |
| **Urgent care facility**<br>* must provide value | ○ | ☒ | reset |
| **Workplace**<br>* must provide value | ○ | ☒ | reset |
| **Other (specify)**<br>* must provide value | ○ | ○ | reset |

**APPROXIMATE NUMBER OF PATIENTS/CLIENTS ROUTINELY SERVED BY THIS LOCATION**

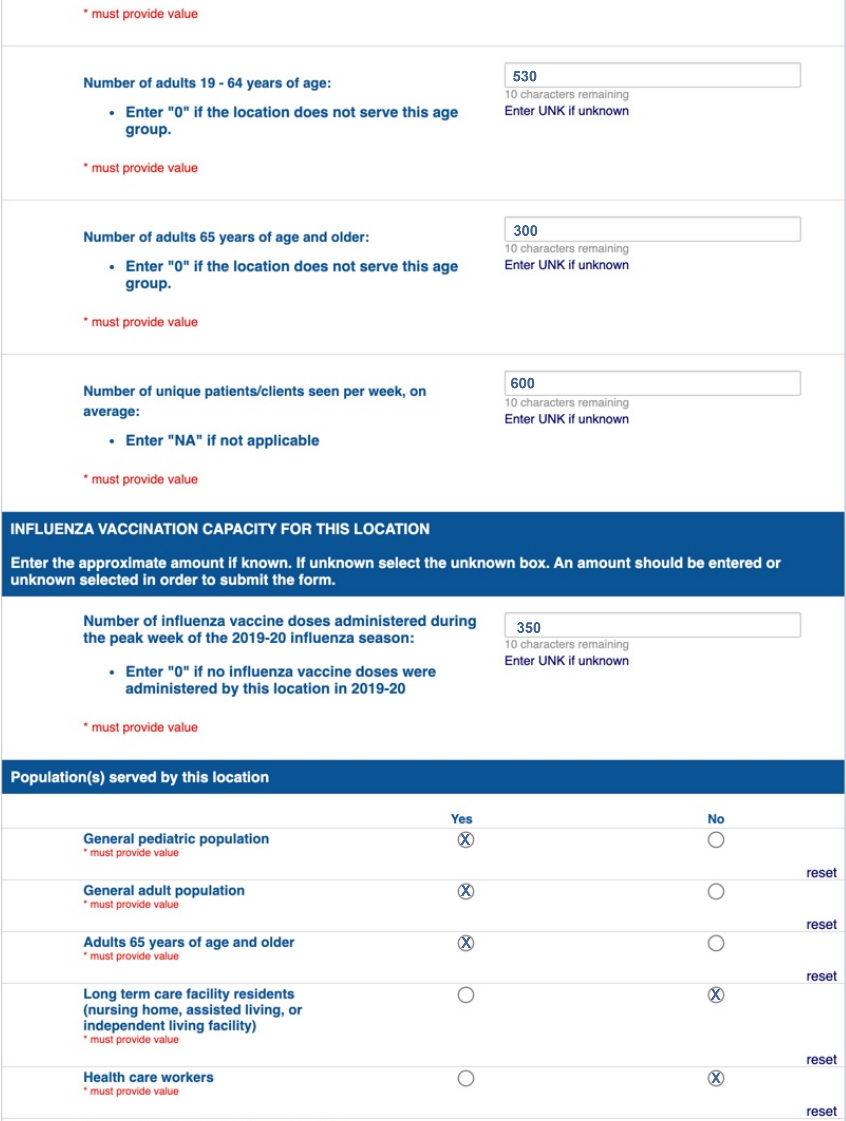
**Enter the approximate amount if known. If unknown enter UNK. An amount or UNK should be entered in order to submit the form.**

**Number of children 18 years of age and younger:** 180

10 characters remaining

Enter UNK if unknown

- **Enter "0" if the location does not serve this age group.**



* must provide value

**Number of adults 19 - 64 years of age:**

- **Enter "0" if the location does not serve this age group.**

* must provide value

530

10 characters remaining

Enter UNK if unknown

**Number of adults 65 years of age and older:**

- **Enter "0" if the location does not serve this age group.**

* must provide value

300

10 characters remaining

Enter UNK if unknown

**Number of unique patients/clients seen per week, on average:**

- **Enter "NA" if not applicable**

* must provide value

600

10 characters remaining

Enter UNK if unknown

## INFLUENZA VACCINATION CAPACITY FOR THIS LOCATION

**Enter the approximate amount if known. If unknown select the unknown box. An amount should be entered or unknown selected in order to submit the form.**

**Number of influenza vaccine doses administered during the peak week of the 2019-20 influenza season:**

- **Enter "0" if no influenza vaccine doses were administered by this location in 2019-20**

* must provide value

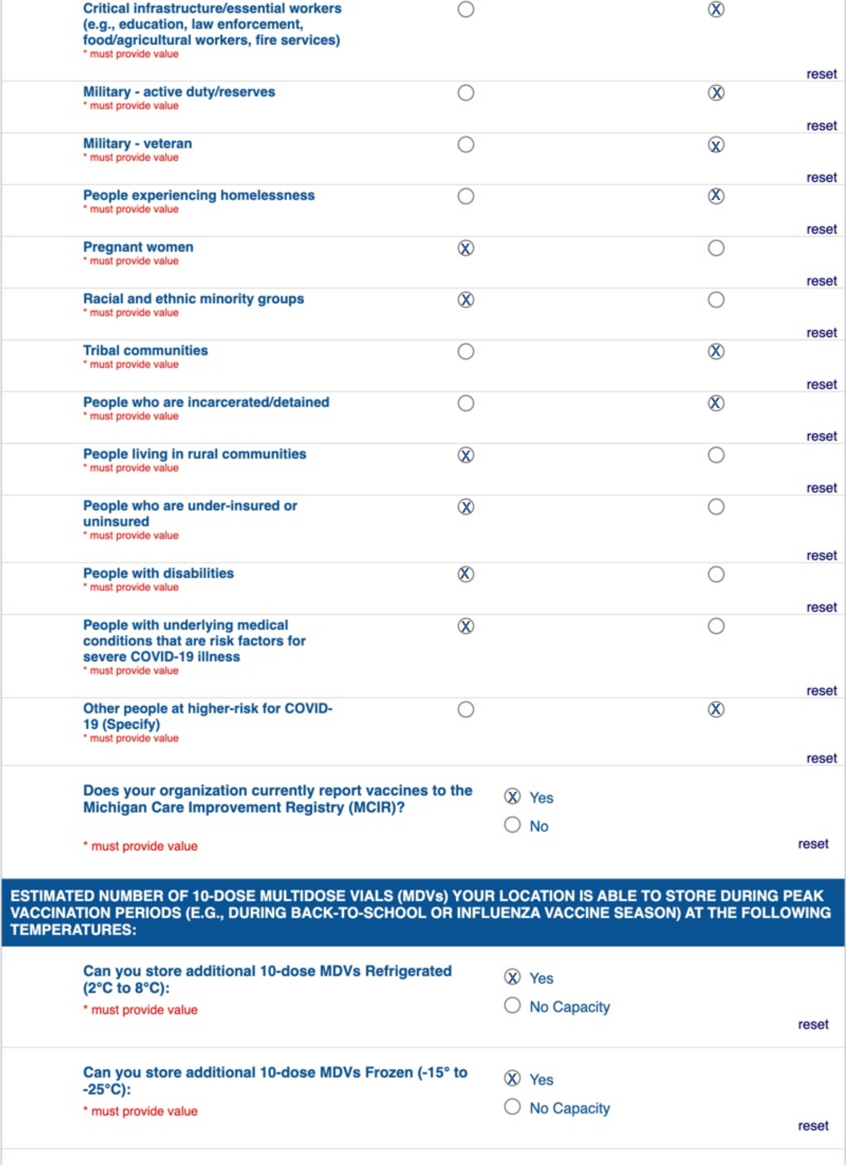
350

10 characters remaining

Enter UNK if unknown

## Population(s) served by this location

| | Yes | No | |
|---|---|---|---|
| **General pediatric population**<br>* must provide value | ☒ | ○ | reset |
| **General adult population**<br>* must provide value | ☒ | ○ | reset |
| **Adults 65 years of age and older**<br>* must provide value | ☒ | ○ | reset |
| **Long term care facility residents (nursing home, assisted living, or independent living facility)**<br>* must provide value | ○ | ☒ | reset |
| **Health care workers**<br>* must provide value | ○ | ☒ | reset |



| | | | |
|---|---|---|---|
| **Critical infrastructure/essential workers (e.g., education, law enforcement, food/agricultural workers, fire services)**<br>* must provide value | ○ | ⊗ | reset |
| **Military - active duty/reserves**<br>* must provide value | ○ | ⊗ | reset |
| **Military - veteran**<br>* must provide value | ○ | ⊗ | reset |
| **People experiencing homelessness**<br>* must provide value | ○ | ⊗ | reset |
| **Pregnant women**<br>* must provide value | ⊗ | ○ | reset |
| **Racial and ethnic minority groups**<br>* must provide value | ⊗ | ○ | reset |
| **Tribal communities**<br>* must provide value | ○ | ⊗ | reset |
| **People who are incarcerated/detained**<br>* must provide value | ○ | ⊗ | reset |
| **People living in rural communities**<br>* must provide value | ⊗ | ○ | reset |
| **People who are under-insured or uninsured**<br>* must provide value | ⊗ | ○ | reset |
| **People with disabilities**<br>* must provide value | ⊗ | ○ | reset |
| **People with underlying medical conditions that are risk factors for severe COVID-19 illness**<br>* must provide value | ⊗ | ○ | reset |
| **Other people at higher-risk for COVID-19 (Specify)**<br>* must provide value | ○ | ⊗ | reset |

**Does your organization currently report vaccines to the Michigan Care Improvement Registry (MCIR)?**

⊗ Yes
○ No

* must provide value

reset

## ESTIMATED NUMBER OF 10-DOSE MULTIDOSE VIALS (MDVs) YOUR LOCATION IS ABLE TO STORE DURING PEAK VACCINATION PERIODS (E.G., DURING BACK-TO-SCHOOL OR INFLUENZA VACCINE SEASON) AT THE FOLLOWING TEMPERATURES:

**Can you store additional 10-dose MDVs Refrigerated (2°C to 8°C):**

⊗ Yes
○ No Capacity

* must provide value

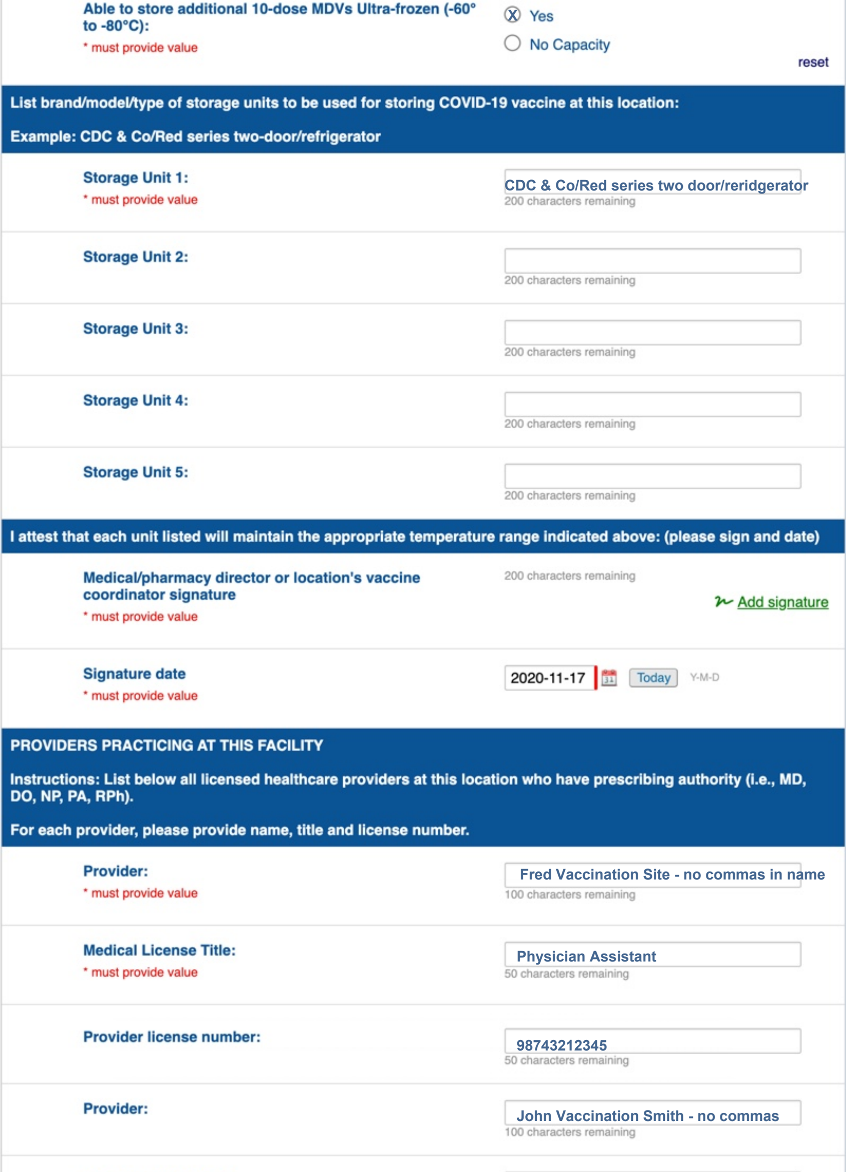
reset

**Can you store additional 10-dose MDVs Frozen (-15° to -25°C):**

⊗ Yes
○ No Capacity

* must provide value

reset



**Able to store additional 10-dose MDVs Ultra-frozen (-60° to -80°C):**
* must provide value
☒ Yes
○ No Capacity

**List brand/model/type of storage units to be used for storing COVID-19 vaccine at this location:**

**Example: CDC & Co/Red series two-door/refrigerator**

**Storage Unit 1:** CDC & Co/Red series two door/reridgerator
* must provide value
200 characters remaining

**Storage Unit 2:**
200 characters remaining

**Storage Unit 3:**
200 characters remaining

**Storage Unit 4:**
200 characters remaining

**Storage Unit 5:**
200 characters remaining

**I attest that each unit listed will maintain the appropriate temperature range indicated above: (please sign and date)**

**Medical/pharmacy director or location's vaccine coordinator signature**
* must provide value
200 characters remaining

**Signature date** 2020-11-17
* must provide value

**PROVIDERS PRACTICING AT THIS FACILITY**

**Instructions: List below all licensed healthcare providers at this location who have prescribing authority (i.e., MD, DO, NP, PA, RPh).**

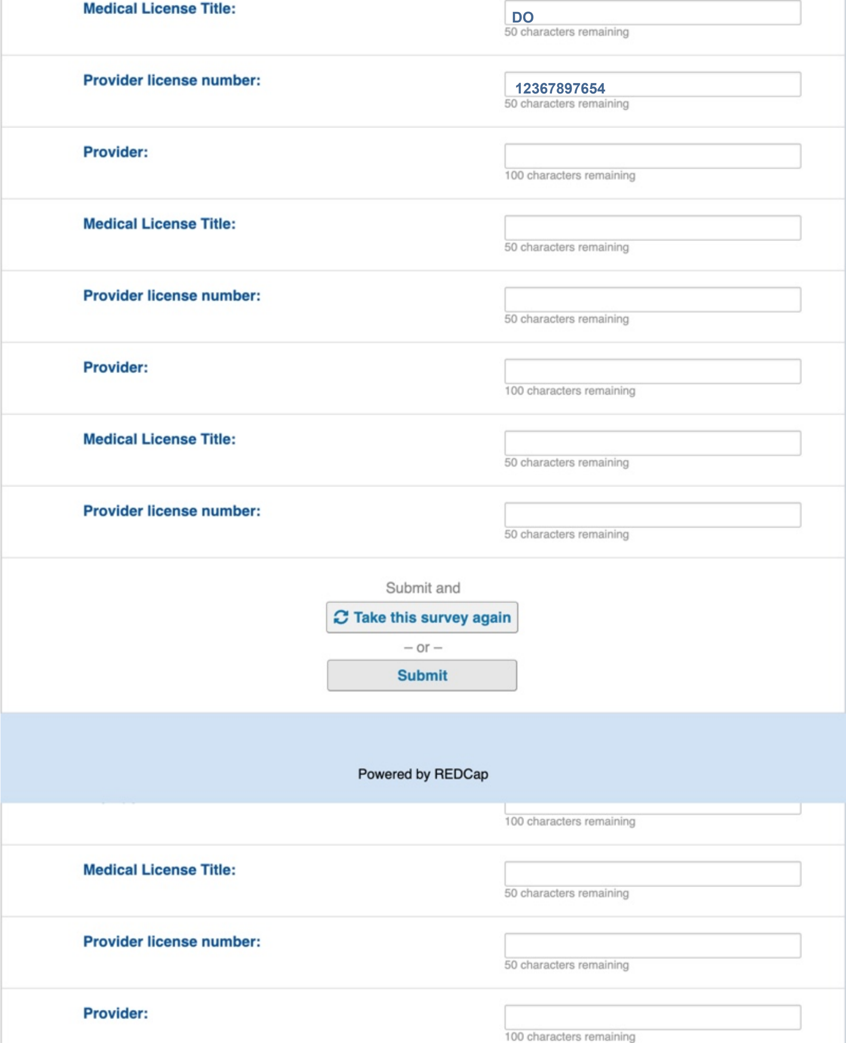
**For each provider, please provide name, title and license number.**

**Provider:** Fred Vaccination Site - no commas in name
* must provide value
100 characters remaining

**Medical License Title:** Physician Assistant
* must provide value
50 characters remaining

**Provider license number:** 98743212345
50 characters remaining

**Provider:** John Vaccination Smith - no commas
100 characters remaining



**Medical License Title:** DO
50 characters remaining

**Provider license number:** 12367897654
50 characters remaining

**Provider:**
100 characters remaining

**Medical License Title:**
50 characters remaining

**Provider license number:**
50 characters remaining

**Provider:**
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**Medical License Title:**
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**Provider license number:**
50 characters remaining

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100 characters remaining

**Medical License Title:**
50 characters remaining

**Provider license number:**
50 characters remaining

**Provider:**
100 characters remaining